

Lincoln County School District

Code: EEAE-AR(2)
Revised/Reviewed: 3/04; 6/14/16 (Effective 7/01/16)
Orig. Code(s): EEAE-AR

Private Vehicle Assurance Form

School Year _____

Insured's/Driver's Name: _____ DOB: _____

Address: _____

Phone: _____
Home Work Cell Phone

Insurance Company: _____

Policy Number: _____ Policy Dates: (from) _____ (to) _____

Agent: _____ Phone: _____

Address: _____

Amount of Coverage: _____

Current minimum limits are: \$25,000 per person and \$50,000 per accident for bodily injury; \$20,000 per accident for property damage; \$25,000 per person and \$50,000 per accident for uninsured motorist coverage; and \$15,000 per accident for personal injury protection.

Vehicle Description

Year/Color: _____ Make/Body Style: _____

Vehicle License Number: _____ Number of seat belts in vehicle: _____

Driver Information

Driver's Valid Oregon Driver License Number: _____ Expiration Date: _____

If your license has ever been revoked or suspended within the past five years, state the reason and date(s):

I assure this vehicle is in safe operable condition and the facts set forth on this form are true and complete to the best of my knowledge.

Insured's Signature _____ Date _____

Approved by: Principal's Signature _____ Date Reviewed _____

COPIES: 1. Fiscal Services - 2. Building Principal - 3. Insured AC-45